



Incident Report

Print Date/Time: 02/09/2016 15:31
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00002294

Incident Date/Time: 2/4/2016 7:44:17 AM
Location: 3212 102ND AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 388-1966
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SORENSEN, KYLE		(425) 388-1966			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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02/04/2016 : 07:48:16 SP0401 Narrative: LR401

02/04/2016 : 07:47:51 SP0401 Narrative: CC, 1HR AGO, N/S, COLD H AND R, VEH VS COMMUNITY MAILBOX, N/D ON VEH,
RP ADV LOC IS WHISPERING MEADOWS CONSTRUCTION

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E513530**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input checked="" type="checkbox"/>

TRIBAL RESERVATIONCASE # **16-0002294**LOCAL AGENCY CODING **0664**TOTAL # OF UNITS **02** OBJECT STRUCK **MAILBOX**

DATE OF COLLISION	02	04	2016	TIME (2400)	0645	COUNTY #	31	MILES	0	N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>																	

102ND AVE NE BLOCK NO. **3200**DISTANCE **100** MILES **00** FEET **00** OF (REFERENCE OR CROSS STREET) **32ND ST NE**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **UNKNOWN** FIRST NAMESTREET NEW ADDRESSCITY ST ZIPCDL RESTRICTIONS ENDORSEMENTSDRIVER'S LICENSE # STATE SEX **U** D.O.B. MMDDYYYYON DUTY ☐ STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIESLICENSE PLATE # STATE VIN#TRAILER PLATE # STATE TRAILER PLATE # STATEVEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREALIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CHARGEUNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253881966**LAST NAME **SORENSEN** FIRST NAME **KYLE** MIDDLE INITIAL **E**STREET NEW ADDRESS **14416 55TH DR NE**CITY **MARYSVILLE** ST **WA** ZIP **98271**CDL RESTRICTIONS ENDORSEMENTSDRIVER'S LICENSE # STATE SEX **M** D.O.B. MMDDYYYY **05** **16** **196 9**ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIESLICENSE PLATE # STATE VIN#TRAILER PLATE # STATE TRAILER PLATE # STATEVEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREALIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CHARGEOFFICER'S NAME (PRINT) **C. CHRISTENSEN** BADGE OR ID # **0075** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E513530**CASE # **16-0002294**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Property owner advises that at around 0645 hours this morning he heard a loud bang. Upon investigating he discovered the two large metal mailboxes had been struct by unknown vehicle. There was no evidencne left at the scene and no suspicious vehicles left in the area. It should be noted the incident ocurred in a housing development that is under construction.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
02-08-16 02:31 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

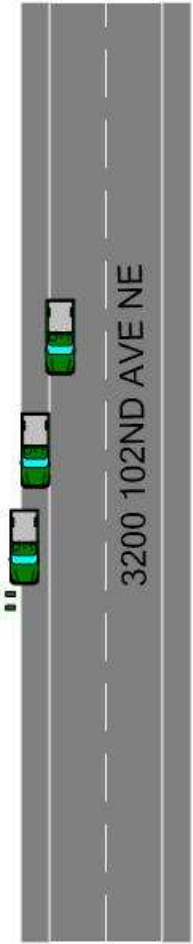
2/8/2016 2:41:34 PM

BADGE OR ID #	0075	ORI #	WA0311900	TIME POLICE DISPATCHED	7:44 AM	TIME POLICE ARRIVED	7:47 AM
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REPORT NO. E513530

CASE # 16-0002294

DATE AND TIME
OF COLLISION 02/04/16 06:45



DRAWING IS NOT TO SCALE